

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 03, 2003 8:00 am**  
**Secretary of State**

09-03-2003 90019 044 \*\*\*\*61.25

0000406

**DOCUMENT # N98000002233**

1. Entity Name

**ST. SIMON BAPTIST CHURCH, INCORPORATED**



Principal Place of Business

1331 MILLER ST  
ORANGE PARK FL 32073

Mailing Address

PO BOX 49  
ORANGE PARK FL 32069-0049

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3062152**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required\*\*

6. Name and Address of Current Registered Agent

CAREY, VERA  
1218 CIMMARON DR.  
ORANGE PARK FL 32065

7. Name and Address of New Registered Agent

Name **SHERYL HUDSON**

Street Address (P.O. Box Number is Not Acceptable)

**3248 FOX SQUIRREL DR.**

City **ORANGE PARK**

FL

Zip Code **32073**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **SHERYL HUDSON**

*Sheryl R. Hudson*

**8/27/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>RANDALL, W H</b>	
STREET ADDRESS	<b>1976 HARBOR IS DR</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>CAREY, VERA</b>	
STREET ADDRESS	<b>1218 CIMMARON DR</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32065</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MURRAY, LEVARN</b>	
STREET ADDRESS	<b>3324 DEERFIELD POINT DR</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> Delete
NAME	<b>WILSON, WILLIE</b>	
STREET ADDRESS	<b>8140 CORALBERRY LN</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32244</b>	
TITLE	<b>TR</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GREEN, CHARISSETA</b>	
STREET ADDRESS	<b>1961 CALUSA TR</b>	
CITY-ST-ZIP	<b>MIDDLEBURG FL 32068</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LESTER PERRY</b>	
STREET ADDRESS	<b>2358 DUNLIN COURT</b>	
CITY-ST-ZIP	<b>ORANGE PARK, FL 32073</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BETTY DEMMONS</b>	
STREET ADDRESS	<b>1628 MILLER ST.</b>	
CITY-ST-ZIP	<b>ORANGE PARK, FL 32073</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHERYL HUDSON</b>	
STREET ADDRESS	<b>3248 FOX SQUIRREL DR.</b>	
CITY-ST-ZIP	<b>ORANGE PARK, FL 32073</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBERT HUNTER</b>	
STREET ADDRESS	<b>1887 MOUND ST.</b>	
CITY-ST-ZIP	<b>ORANGE PARK, FL 32073</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WARREN SMITH</b>	
STREET ADDRESS	<b>7310 FIRESIDE DR.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32210</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GREGORY WILSON</b>	
STREET ADDRESS	<b>350 CROSSINGS BLVD. # 817</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *W. H. Randall* **W. H. RANDALL**

**August 27, 2003**

**904-215-3300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)

Attachment

90153706

#N9800002233

ST. SIMON BAPTIST CHURCH, INC.

## 2003 UNIFORM BUSINESS REPORT

### CHANGES

TITLE---CHAIRMAN  
NAME---W. H. RANDALL

TITLE---DIRECTOR  
NAME---WILLIE WILSON

TITLE---TREASURE  
NAME---LEVERN MURRY

### ADDITIONS

TITLE---VP  
NAME---LESTER PERRY  
ADD:---2358 DUNLIN CT.  
ORANGE PARK, FL  
32073

TITLE---DIRECTOR  
NAME---BETTY DEMMONS  
ADD: 1628 MILLER ST.  
ORANGE PARK, FL.  
32073

TITLE---SECRETARY  
NAME---SHERYL HUDSON  
ADD:---3248 FOX SQUIRREL DR.  
ORANGE PARK, FL  
32073

TITLE---DIRECTOR  
NAME---ROBERT HUNTER  
ADD:---1887 MOUND ST.  
ORANGE PARK, FL  
32073

TITLE---PRESIDENT  
NAME---WARREN SMITH  
ADD:---7210 FIRESIDE DR.  
JACKSONVILLE, FL.  
32210

TITLE---DIRECTOR  
NAME---GREGORY WILSON  
ADD: ---350 CROSSINGS BLVD.#350  
ORANGE PARK, FL. 32073